

Joint Legislative Committee to
Screen Candidates for College and University Boards of Trustees



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**PERSONAL INFORMATION FOR
SLED BACKGROUND CHECK**

(PLEASE PRINT INFORMATION)

CANDIDATE FOR: _____
(University/College Board and Seat Number)

NAME _____

ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH (city and state) _____

RACE _____ **SEX** _____ **WEIGHT** _____ **HEIGHT** _____

DRIVERS LICENSE OR ID NUMBER _____
STATE _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

DATE: _____